

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5	1					
6						
7						
8						
9						
10	1					
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16	1					
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34	1					
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36						
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39	1					
40	1					
41	1					
42						
43						
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	18					
TOTAL DEP.	26					
TOTAL CLAIMS	44					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						